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DIVISION - CONTINUATION - CONTINUATION-IN-PART APPLICATION TRANSMITTAL FORM				Attorney Docket No.: <div style="text-align: center;">2872-USC</div>																																							
Anticipated Classification Of This Application: Class		Subclass		Prior Application: Examiner J. Seharaseyon		Art Unit 1647																																					
<p>To the Commissioner for Patents:</p> <p>This is a request for filing a <input type="checkbox"/> continuation <input checked="" type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part application, under 37 CFR 1.53(b), of pending prior application Serial No. <u>09/616,530</u> filed on <u>July 14,</u> , 20 <u>00</u> of <u>John E. Sims and Teresa L. Born</u> for <u>ACPL DNA AND POLYPEPTIDES</u></p> <p>For CONTINUATION or DIVISIONAL APPLNS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 1b, below, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>1. <input checked="" type="checkbox"/> Transmitted herewith are: <input checked="" type="checkbox"/> <u>60</u> pages of specification, <u>2</u> pages of claim(s) and <u>1</u> page of abstract, totaling <u>63</u> pages. <input type="checkbox"/> <u> </u> sheet(s) of drawings. <input checked="" type="checkbox"/> <u>2</u> pages of Oath or Declaration by the applicant(s): <input type="checkbox"/> a. Newly executed (original or copy) <input checked="" type="checkbox"/> b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional applns. only) <input checked="" type="checkbox"/> <u>12</u> pages of Sequence Listing; sequence statement.</p> <p>2. <input checked="" type="checkbox"/> The filing fee is calculated below after entering the enclosed Preliminary Amendment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 20%;">For</th><th style="width: 15%;">Number Filed</th><th style="width: 15%;"></th><th style="width: 15%;">Number Extra</th><th style="width: 15%;">Rate</th><th style="width: 15%;">Fee</th></tr></thead><tbody><tr><td>Total Claims</td><td style="text-align: center;">17</td><td style="text-align: center;">- 20 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x \$18.00 =</td><td style="text-align: center;">\$ 0.00</td></tr><tr><td>Independent Claims</td><td style="text-align: center;">14</td><td style="text-align: center;">- 3 =</td><td style="text-align: center;">11</td><td style="text-align: center;">x \$86.00 =</td><td style="text-align: center;">946.00</td></tr><tr><td>Multiple Dependent Claims</td><td style="text-align: center;">0</td><td></td><td></td><td style="text-align: center;">+ \$290.00 =</td><td style="text-align: center;">0.00</td></tr><tr><td>Basic Fee</td><td></td><td></td><td></td><td style="text-align: center;">\$770.00 =</td><td style="text-align: center;">770.00</td></tr><tr><td colspan="5" style="text-align: right;">Total Filing Fee</td><td style="text-align: center;">\$ 1716.00</td></tr></tbody></table> <p>3. <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089, in the name of Immunex Corporation, in the amount of <u>\$ 1716.00</u>. An original and one copy are enclosed.</p> <p>4. <input checked="" type="checkbox"/> Throughout the prosecution of this application, if any extension of time is necessary, please consider this a request therefor.</p> <p>5. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional filing fees which may be required by the accompanying application, any additional fees which may be required during pendency of this application as required by 37 CFR 1.16 or 1.17, or credit any overpayment to Deposit Account No. 09-0089 throughout the prosecution of this application.</p> <p>6. <input type="checkbox"/> Cancel in this application original claims <u> </u> of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)</p>								For	Number Filed		Number Extra	Rate	Fee	Total Claims	17	- 20 =	0	x \$18.00 =	\$ 0.00	Independent Claims	14	- 3 =	11	x \$86.00 =	946.00	Multiple Dependent Claims	0			+ \$290.00 =	0.00	Basic Fee				\$770.00 =	770.00	Total Filing Fee					\$ 1716.00
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Nanci M. Kertson
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Signature